



Cincinnati, OH  
+1 513 733 5336

Everett, WA  
+1 425 356 2600

Fort Collins, CO  
+1 970 490 1511

Holland, MI  
+1 616 399 6070

# Chain of Custody Form

Page 1 of 1

COC ID: 143960

Houston, TX  
+1 281 530 5656

Middletown, PA  
+1 717 944 5541

Spring City, PA  
+1 610 948 4903

Salt Lake City, UT  
+1 801 266 7700

South Charleston, WV  
+1 304 356 3168

York, PA  
+1 717 505 5280

K1902963

ALS Project Manager:

ALS Work Order #:

Customer Information		Project Information		Parameter/Method Request for Analysis	
Purchase Order		Project Name	Dear Park Fire	A	BTEX by 8260
Work Order		Project Number		B	Metals by 6010
Company Name		Bill To Company	ITC	C	PFAS
Send Report To		Invoice Attn		D	ALK PAH by 8270 SIM
Address		Address	1030 E 4th Road (Command Center)	E	Bromarkers
City/State/Zip		City/State/Zip	Dear Park, TX	F	
Phone		Phone	989-714-9856	G	
Fax		Fax		H	
e-Mail Address		e-Mail Address		I	
				J	

No.	Sample Description	Date	Time	Matrix	Pres.	# Bottles	A	B	C	D	E	F	G	H	I	J	Hold
1	WT-20190324-FAR1-001-T1	3/24/2019	11:10	W	1,2,8	8	X	X	X	X	X						
2	WT-20190324-WTR1-001-T1	3/24/2019	11:55	W	1,2,8	8	X	X	X	X	X						
3	WT-20190324-WTR2-001-T1	3/24/2019	11:20	W	1,2,8	8	X	X	X	X	X						
4	FB-20190324-001-T1	3/24/2019	12:50	W	8	1			X								
5	Trip Blank	3/24/2019	1000	W	1,8	2	X										
6																	
7																	
8																	
9																	
10																	

Sampler(s) Please Print & Sign <i>Sam Watson</i>		Shipment Method <b>FEDEX</b>		Required Turnaround Time: (Check Box) <input checked="" type="checkbox"/> Other <b>3 DAYS</b> <input type="checkbox"/> STD 10 Wk Days <input type="checkbox"/> 5 Wk Days <input type="checkbox"/> 2 Wk Days <input type="checkbox"/> 24 Hour				Results Due Date:									
Relinquished by: <i>Sam Watson</i>	Date: 3/25/19	Time: 1700	Received by: <i>FEDEX</i>		Notes: 5 day turnaround for PFAS and PAH												
Relinquished by:	Date: 3/26/19	Time: 0940	Received by (Laboratory):		Cooler ID	Cooler Temp	QC Package: (Check One Box Below)										
Logged by (Laboratory):	Date:	Time:	Checked by (Laboratory):				<input type="checkbox"/> Level II Std QC <input type="checkbox"/> TRRP Checklist <input type="checkbox"/> Level III Std QC/Raw Data <input type="checkbox"/> TRRP Level IV <input type="checkbox"/> Level IV SW846/CLP <input type="checkbox"/> Other										
Preservative Key: 1-HCl 2-HNO <sub>3</sub> 3-H <sub>2</sub> SO <sub>4</sub> 4-NaOH 5-Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub> 6-NaHSO <sub>4</sub> 7-Other 8-4°C 9-5035																	



PC

KC

## Cooler Receipt and Preservation Form

Client Cardno Service Request K19 086/03  
 Received: 3/26/19 Opened: 3/26/19 By: [Signature] Unloaded: 3/26/19 By: [Signature]

1. Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered  
 2. Samples were received in: (circle) Cooler Box Envelope Other NA  
 3. Were custody seals on coolers? NA (Y) N If yes, how many and where? one, front  
 If present, were custody seals intact? (Y) N If present, were they signed and dated? (Y) N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
-0.4	-0.6	0.5	0.3	-0.2	390	143960	7862 3400 7930		
-0.9	-0.1	1.2	1.3	+0.1	298		" " 7920		
-0.4	-0.4	2.4	2.4	0	325		" " 7941		

4. Packing material: Inserts (Baggies) (Bubble Wrap) Gel Packs (Wet Ice) Dry Ice Sleeves  
 5. Were custody papers properly filled out (ink, signed, etc.)? NA (Y) N  
 6. Were samples received in good condition (temperature, unbroken)? Indicate in the table below. NA (Y) N  
 If applicable, tissue samples were received: Frozen Partially Thawed Thawed  
 7. Were all sample labels complete (i.e analysis, preservation, etc.)? NA (Y) N  
 8. Did all sample labels and tags agree with custody papers? Indicate major discrepancies in the table on page 2. NA (Y) N  
 9. Were appropriate bottles/containers and volumes received for the tests indicated? NA (Y) N  
 10. Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Indicate in the table below NA (Y) N  
 11. Were VOA vials received without headspace? Indicate in the table below. (NA) Y N  
 12. Was C12/Res negative? (NA) Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Bottle Type	Out of Temp	Head-space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Notes, Discrepancies, & Resolutions:

**RUSH**